

## Arthropod and Plant Disease Diagnostics Form

**INSTRUCTIONS:** Please complete all of the information in box A, then turn form over and complete EITHER box B for Insect Identification or box C for Plant Disease on the back. If you are unsure whether you have an insect or disease, please complete Section C.

A

Sample from my home     Commercial sample    Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name (if commercial): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax:(optional) \_\_\_\_\_

Email: (optional, may speed up response) \_\_\_\_\_

Have you previously contacted a County Extension Agent or Master Gardeners desk about this problem?  
 Yes             No

**For Office Use Only:**

**DIAGNOSIS:**

Response	Date: _____	Action Required	Entomologist(s) Responding
<input type="checkbox"/> Sent to: _____		<input type="checkbox"/> File Only	Michael Merchant _____
<input type="checkbox"/> Phone Call		<input type="checkbox"/> Mail	Allen Knutson _____
<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail and attach factsheet:	Kimberly Schofield _____
<input type="checkbox"/> Email	<input type="checkbox"/> Office Visit		<b>Pathologist Responding</b>
			Kevin Ong _____

**B**

**INSECT / ARTHROPOD PEST DAMAGE IDENTIFICATION**

*Complete this section for insect or arthropod identifications.*

*Please note that all information is necessary for accurate problem identification and prompt response.*

Date Sample Collected: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Feeding on plant Kind: \_\_\_\_\_

Feeding on animal Kind: \_\_\_\_\_

Found in or around home or structure Where: \_\_\_\_\_

Additional description, remarks on why sample being submitted, type of damage observed, other comments:

**C**

**PLANT DISEASE PROBLEM CHECKLIST**

*Complete this section for plant disease identification.*

*Please note that all information is necessary for accurate disease identification, diagnosis, and control recommendations.*

Date Sample Collected: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

PLANT: \_\_\_\_\_ Total # of plants: \_\_\_\_\_ # of plants affected: \_\_\_\_\_

VARIETY or CULTIVAR: \_\_\_\_\_ Age (year) or height (feet) of affected plants: \_\_\_\_\_

Planting Date: \_\_\_\_\_ Soil pH: \_\_\_\_\_ % of area affected on the plant: \_\_\_\_\_

**Please mark  all that apply.**

Location of plant(s):  Within 10 feet (3 meters) of building, pool, pavement, or road  Along Fence Row

Full sun (>6 hr sun/day)  Open (>20 feet from any structure)  Other: \_\_\_\_\_

Affected Part:  Whole plant  Branches/trunk  Foliage (leaves)  Flowers  Fruit  Roots

Symptoms:  Dead plant  Leaf spots  Canker/gall  Wilting  Rot  Yellowing

Stunting  Burns  Other: \_\_\_\_\_

Date first noticed: \_\_\_\_\_ Problem developed:  Suddenly  Gradually

Distribution of problem plant(s):  Isolated plant(s)  Scattered plants  Large area  Small localized area

Watering practices:  Sprinklers  Less than 3 times/week  Hand water  Daily

Drip system  More than 3 times/week  Variable/as needed  None

Additional description, remarks on why sample being submitted, any pesticides or fertilizers used in the last 30 days, other comments:

## **Guidelines for Submitting Insect Specimens for Identification**

**Michael Merchant, Ph.D.**  
**Extension Urban Entomologist**

**Proper preparation of insect specimen is critical to an accurate and timely insect identification.** For most insects, the ideal means of preservation for shipment is to place specimens in a plastic (unbreakable) container with ethyl or isopropyl (rubbing) alcohol. Alcohol preservation is essential for specimens brought to Extension offices as well as specimens sent via mail. This will ensure that specimens are received by the identifier in a fresh and undamaged condition. Failure to submit specimens according to the following guidelines may result in delays or not being able to obtain an accurate identification of the submitted material.

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<b>Insect type</b>	<b>Acceptable form of shipment/preservation</b>
Most orders of insects, both hard-bodied and soft-bodied	Alcohol (70-90%) ethyl or isopropyl, in an unbreakable container.
Adult moths and butterflies (Lepidoptera), adult mosquitoes	Pack gently in an envelope within a box or other hard-sided container to prevent crushing. Packing insect gently inside a box with tissue paper (not cotton balls) is also acceptable. This method preserves the scales on wings which are necessary for identification of these species.
Scale insects, galls, other insects firmly attached to plant material.	Specimens may be sent in Zip-loc® or other plastic bags.
Parasitic insects (mites, fleas, etc.)	Alcohol preservation is best; however due to the difficulty in collecting very small biting mites and other skin parasites, specimens attached to tape are acceptable. Sticky cards for trapping insects (e.g. roach "hotels") may also be used.

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Specimens may be submitted to your County Extension Agent's office or sent directly to Texas A&M University. There is currently no charge for this service, but because of the costs associated with providing identifications we request that senders submit only specimens for which a legitimate identification need exists. The address for submitting specimens is:

**Extension Entomologist**  
**Texas AgriLife Extension**  
**Department of Entomology**  
**Texas A&M University**  
**College Station, TX 77843-2475**

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